5/31/06

## DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE OPID A1 ACORD PUBLI-1 05/31/06 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION Mazonson LLC www.mazonson.com ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR 701 Edgewater Drive ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Suite 230 Wakefield MA 01880-6236 Phone: 781-224-5700 Fax: 781-224-5777 NAIC # INSURERS AFFORDING COVERAGE INSURED INSURER A Federal Insurance Co. INSURER B: Executive Risk Indemnity Co. INSURER C Public Consulting Group, Inc. 148 State St., 10th fl. Boston MA 02109 INSURER D: INSURER E

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | ADD'L<br>INSRD | TYPE OF INSURANCE                      | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMIT                               | s           |
|-------------|----------------|--|---------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------|
|             | G              | SENERAL LIABILITY                      |               |                                     |                                      | EACH OCCURRENCE                     | \$1,000,000 |
| A           | 3              | COMMERCIAL GENERAL LIABIL              | TY 35855036   | 02/18/06                            | 02/18/07                             | PREMISES (Ea occurence)             | \$1,000,000 |
|             |                | CLAIMS MADE X OC                       | CUR           |                                     |                                      | MED EXP (Any one person)            | \$10,000    |
|             |                |  |               |                                     |                                      | PERSONAL & ADV INJURY               | \$1,000,000 |
|             |                |  |               |                                     |                                      | GENERAL AGGREGATE                   | \$2,000,000 |
|             | G              | EN'L AGGREGATE LIMIT APPLIES P         | ER:           |                                     |                                      | PRODUCTS - COMP/OP AGG              | \$1,000,000 |
|             |                | POLICY PRO-<br>JECT !                  | oc            |                                     |                                      |                                     |             |
| A           | А              | UTOMOBILE LIABILITY ANY AUTO           | 73540440      | 02/18/06                            | 02/18/07                             | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
|             |                | ALL OWNED AUTOS SCHEDULED AUTOS        |               | , 20, 30                            |                                      | BODILY INJURY<br>(Per person)       | \$          |
|             | X              | <del> </del> '                         |               |                                     |                                      | BODILY INJURY<br>(Per accident)     | \$          |
|             | 2              |  | _             |                                     |                                      | PROPERTY DAMAGE<br>(Per accident)   | \$          |
|             | G              | ARAGE LIABILITY                        |               |                                     |                                      | AUTO ONLY - EA ACCIDENT             | \$          |
|             |                | ANY AUTO                               |               |                                     |                                      | OTHER THAN EA ACC                   | \$          |
|             |                |  |               |                                     |                                      | AUTO ONLY. AGG                      | \$          |
|             | E              | XCESS/UMBRELLA LIABILITY               |               |                                     |                                      | EACH OCCURRENCE                     | \$          |
|             |                | OCCUR CLAIMS MA                        | DE            |                                     |                                      | AGGREGATE                           | \$          |
|             |                |  |               |                                     |                                      |                                     | \$          |
|             |                | DEDUCTIBLE                             |               |                                     |                                      |                                     | \$          |
|             |                | RETENTION \$                           |               |                                     |                                      | WC STATU-   OTH-                    | \$          |
|             |                | RS COMPENSATION AND<br>'ERS' LIABILITY |               |                                     |                                      | X TORY LIMITS   ER                  |             |
| A           | ANY PRO        | OPRIETOR/PARTNER/EXECUTIVE             | 71724811      | 02/18/06                            | 02/18/07                             | E.L. EACH ACCIDENT                  | \$1,000,000 |
| - 1         |                | R/MEMBER EXCLUDED?<br>escribe under    |               |                                     |                                      | E.L. DISEASE - EA EMPLOYEE          | <u> </u>    |
|             |                | PROVISIONS below                       |               |                                     |                                      | E.L. DISEASE - POLICY LIMIT         | \$1,000,000 |
|             |                |  |               |                                     |                                      |                                     |             |
| В           | Prof           | essional E&O                           | 68023724      | 03/20/06                            | 02/18/07                             | Aggregate                           | 2,000,000   |
|             |                |  |               |                                     |                                      | Ea Claim                            | 1,000,000   |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees shall be included as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor for above coverage. A waiver of subrogation applies as required by written contract.

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AHCCCS
Jamey Schultz
Contract Management Specialist
701 E. Jefferson Str, MD 5700
Phoenix AZ 85034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  $\frac{30}{1000}$  DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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